



**Town of Highland Beach**  
**3614 S. Ocean Blvd.**  
**Highland Beach, Florida 33487**  
**Phone: (561) 278-4548**  
**Fax: (561) 276-9829**

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## Resident Change of Information Form

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Check the change that applies to you:*

**Name \***       **Mailing address**       **Phone Number**

*\* Proof of legal name change required (i.e., social security card).*

Personal Information	
<b>First Name:</b>	<b>Last Name:</b>
<b>Service Address:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	<b>Cell Phone Number:</b>

**Effective Date of Changes:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return a copy to the Finance Department. Please submit by e-mail:  
[dclark@highlandbeach.us](mailto:dclark@highlandbeach.us) or by fax to (561) 276 – 9829.

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**Office Use Only**

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_